

Telephone 704-216-8619

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## **Plan Review Procedures**

		Date:
Project Name:		
Job Site Address:		
Contact Person:	Phone: ()	Fax: ()
Detail Description of I	Proposed Use of Building:	
Residential Use	Commercial Use	
Square Footage	Type of Construction	Occupancy
Building Height	Number of Stories	
***ALL ABOVI	E FIELDS ARE REQUIRED	TO BE FILLED IN***
Plans Received by:		
Plans Reviewed by:		
Review Approval Date	e:	
Date Customer Notifie	ed:	
Fire Marshal Approva	l Date:	
**Environmental Heal	th Approval Date:	
Date Approved by Raleigh:		N.A
Erosion Control Approval Date:		N.A
Sign & Date Pick Up I	By Customer:	

 $\ensuremath{^{**}}$  Environmental Health Approval Required when Restaurant will be serving prepared foods.